

Overview

Scoring process

OHA subject matter experts reviewed each project against the [TQS guidance document](#) for each component assigned to that project.

- Reviewers assigned a separate score of 0–3 for relevance, detail and feasibility.
- Relevance scores of zero mean the project did not meet the component-specific requirements; for these projects, detail and feasibility will automatically also score a zero.
- Relevance, detail and feasibility scores were summed for a total possible component score of 9.
- If a CCO submitted multiple projects for a component, scores were averaged to create a final component score.

How scores will be used

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores will help OHA see what improvement is happening and identify areas of technical assistance needed across CCOs. Individual CCO scores and written assessments will be posted online.

How to use this feedback

CCOs should use this assessment to update TQS projects for 2024 TQS submissions to ensure quality for members, while also continuing to push health system transformation to reduce health disparities across the CCO's service area.

Background

As part of a CCO quality program, the TQS includes health system transformation activities along with quality activities to drive toward the triple aim: better health, better care and lower cost. As part of 438.330 CFR, Quality Assessment Performance Improvement (QAPI), CCOs will submit the annual look-back across TQS components and provide analysis with a plan (that is, a TQS project) to improve each component area. The TQS highlights specific work a CCO plans to do in the coming year for the quality and transformation components. It is not a full catalog of the CCO's body of work addressing each component or full representation of the overall quality program a CCO should have in place.

Next steps

1. **Schedule a feedback call with OHA** – OHA is requiring each CCO to participate in a feedback call. Please fill out the scheduling form at <https://www.surveymonkey.com/r/D5B6VVG>. During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June–August.
2. **If needed, send a redacted version (with redaction log)** to cco.mcodeliverablereports@odhsoha.oregon.gov

Notes:

- **Resubmissions** – OHA will not be accepting resubmissions. This helps ensure transparency across the original TQS submission and resulting written assessment. Feedback from the written assessment and feedback calls are intended to help CCOs focus on ways to improve projects and documentation in future submissions.
- **What will be posted** – OHA will post each CCO's entire TQS submission (sections 1, 2 and 3) — or redacted version, if approved by OHA — along with written assessment and scores.

CCO TQS assessment			
Component scores			
Average score	# of projects	Prior year score	Component
7	1	9	Behavioral Health Integration
8	3	8	CLAS Standards
9	1	9	Grievances and Appeals System
8	1	7	Health Equity: Cultural Responsiveness
9	1	9	Health Equity: Data
9	1	9	Oral Health Integration
9	1	9	Patient-Centered Primary Care Home: Member Enrollment
9	1	9	Patient-Centered Primary Care Home: Tier Advancement
9	1	7	Severe and Persistent Mental Illness
9	1	8	Social Determinants of Health & Equity
9	1	5	Special Health Care Needs – Full Benefit Dual Eligible
8	1	3	Special Health Care Needs – Non-dual Medicaid Population
7	3	6	Utilization Review (Medicaid Efficiency and Performance Program)
110 (out of 117; 94%)		120 (out of 144; 83.3%)	TOTAL TQS SCORE

Note: The three access components were removed in 2023, which accounts for the difference in total points possible from 2022.

Quality Assurance and Performance Improvement (QAPI) program attachments	
	Met/not met
QAPI workplan	Met
QAPI impact analysis	Met
OHA feedback: OHA looks forward to the impact analysis of CPCCO’s work in 2023 around the six areas of focus identified by CPCCO as well as the continued work to develop infrastructure around population health, QI and metrics.	

Project scores and feedback				
Project ID# 78: PCPCH Supports				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	2	3	8
PCPCH: Member enrollment	3	3	3	9
PCPCH: Tier advancement	3	3	3	9
OHA review (CLAS standards): Project addresses all required relevance criteria and shows great emergent use of spoken language data. Note that sign language appeared to be excluded. The data breakdown by county was appreciated and the chart that demonstrated the various efforts to better understand utilization of interpreter services was also very helpful. However, the project does not explain why race, ethnicity,				

disability, sexual orientation and gender identity are excluded. Nor does the project discuss plans for inclusion or cross mapping.

(PCPCH: Member enrollment): Project addresses all required relevance criteria. The activities clearly and directly align with the desired outcomes.

(PCPCH: Tier advancement): The project describes a comprehensive plan to support PCPCH practices in upward tier recognition. It includes excellent and thoughtfully laid out details throughout the project context and narrative. PCPCH Tier advancement activities were clearly laid out as SMART goals with well detailed and measurable activities.

OHA recommendations (CLAS standards): Review TQS guidance for using REALD and SOGI data in component prior year assessment, project context and monitoring activities.

Consider adding activities to move the project forward in a reasonable time. While the two initial short-term goals are adequate, for this size of a project, it would help to add goals that outline how engagement and compliance with the assessments will happen.

(PCPCH: Member enrollment): None.

(PCPCH: Tier advancement): None.

Project ID# 73: Improved access to grievances and appeals for members with Limited English Proficiency

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	2	3	8
Grievance and appeal system	3	3	3	9
Health equity: Data	3	3	3	9

OHA review (CLAS standards): Project addresses all required relevance criteria, and the changes in scope make sense given the identified challenges. The project shows an excellent emergent use of race, ethnicity and language data. However, there is no mention of disability data. There is acknowledgment of sexual orientation and gender identify (SOGI) data and an emerging plan on how SOGI will be integrated. Ideally, the project would apply the same as it relates to disability data.

(Grievance and appeal system): Project addresses all required relevance criteria. The improvement efforts should ultimately allow the CCO to see where there are disparities in the grievance system. Specifically, the form the CCO has developed is moving in the right direction. The form uses the words “complaint/feedback,” which we are learning some people feel more comfortable when providing feedback, or have questions, issues or concerns they want to report.

(Health equity: Data): The project has the appropriate qualities of a strong TQS project for this component. The CCO utilizes and analyses data to build a strong G&A process with the appropriate level of detail, analysis, and data informed activities.

OHA recommendations (CLAS standards): Include disability data is in the future. Distinguish between language data for how people want to be communicated with and how that may be different than how they want to receive written information. This distinction was not reflected in the project.

Please continue to work in collaboration with the LatinX community if that is the focus population for this work. It appears that it is, but providing clarity and rationale for why will be critical. Consider adding monitoring activities to Activity 3, such as the development of a communication and community engagement plan to reach specific populations if that is the intent.

(Grievance and appeal system): Consider monitoring how the form is being received by LEP members in the amount of information required to be submitted with the form.

(Health equity: Data): None.

Project ID# 417: Improving Behavioral Health Access: Expansion & Integration of Behavioral Health Services in additional outpatient settings

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	2	7

OHA review: Project addresses all required relevance criteria with a strong focus on expansion of BH services. However, there is little descriptive detail on the SHIFT project to give the reader a full understanding of the project, including the feasibility of the activities. For example, “building administrative capacity of the CMHP” is not explained.

OHA recommendations: Better describe the SHIFT project. Consider including a benchmark for how many people would be recruited in the first SHIFT cohort. Also consider quantifying what percent of the CPCCO network would be engaged in SHIFT.

Project ID# 416: Meaningful Language Access

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	2	3	8
Health equity: Cultural responsiveness	3	2	3	8

OHA review (CLAS standards): Project addresses all required relevance criteria and shows a great emergent use of spoken language data. The data breakdown by county was appreciated, and the chart that demonstrated the various efforts to better understand utilization of interpreter services was also very helpful. However, project does not mention why it is excluding race, ethnicity, disability, sexual orientation, gender identity and sign language. The project also does not discuss any plans for inclusion or cross mapping.

(Health equity: Cultural responsiveness): This is an exemplary project addressing this component and has good potential for peer sharing. The project addresses all required relevance criteria and provides an excellent overview of activities and accomplishments over the last year. It was easy to follow the project progression. There is a good application of data analysis for the component, but discussion of REALD data is limited with no plan for adding SOGI.

OHA recommendations (CLAS standards): Review TQS guidance for using REALD and SOGI data in component prior year assessment, project context and monitoring activities.

Consider adding activities to move the project forward in a reasonable time. While the two initial short-term goals are adequate, for this size of a project, it would help to add goals that outline how engagement and

compliance with the assessments will happen. Also consider an explanation of the chart on pg. 29 with specific numbers to help the reader understand the seriousness of the problem the CCO is attempting to resolve.

(Health equity: Cultural responsiveness): Use REALD data beyond language to identify and address disparities. In future years, also include SOGI data.

Project ID# 421: Oral Health Services in Primary Care

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	3	3	9

OHA review: Project addresses all required relevance criteria, and shows significant and impressive progress over the past year. There is an excellent level of detail and specificity provided. The goals for the project appear reasonable and realistic about what can be completed during the measurement period.

OHA recommendations: Although the project meets the minimum requirement for REALD and SOGI data, more detail on the use of that data would improve the project.

Project ID# 80: Trauma Informed Network

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9

OHA review: Project addresses all required relevance criteria and aligns well with community need. The project demonstrates sustainability with strong partnerships, and the strategic plan framework is a valuable illustration. There is potential for peer sharing with this model related to ACEs and building community infrastructure.

OHA recommendations: None.

Project ID# 419: RCT Psych Transitions Tracking

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	3	3	9
Special health care needs: Non-dual Medicaid population	3	2	3	8

OHA review (Serious and persistent mental illness): Project addresses all required relevance criteria and addresses a priority need for this population considering the lack of local psychiatric hospitals. The benchmark and goal clarity has improved. Both REALD and SOGI are well included in the project’s goal. It is clear that this data is being taken as a critical process for improvement. However, there is a lack of detail in the REALD and SOGI data aspects. Preliminary considerations could have been made, even if the REALD data is incomplete. Evaluation of the 2022 data appeared potentially incomplete compared to the prior year’s analysis. Overall, it is clear the tracking system is a means to an end of quality care improvement with reasonable yet aggressive timelines.

(Special health care needs: Non-dual Medicaid population): Project addresses all required relevance criteria with an identified at-risk population for whom issues are exacerbated by lack of local psychiatric beds and shortage of behavioral health workforce. Project is feasible to address the identified need and did include a deeper dive with REALD and SOGI data to identify the need among population not regularly accessing mental health services. However, detail is lacking in specific activities to address identified issues.

OHA recommendations (Serious and persistent mental illness): Include more analysis of REALD and SOGI data. Small populations will need to be extrapolated. The definition and priority of SPMI transitions is vague and could use bolstering.

(Special health care needs: Non-dual Medicaid population): As written, monitoring activity 1.1. is not measurable. Consider planning to stratify seven-day follow-up metric by equity implications. Also consider additional interim health monitoring activities to track the seven-day follow-up work (for example, medication refills, attendance at scheduled appointments, outreach by peers, or starting SUD treatment if indicated) that could assist from seven-days to reducing likelihood of readmission. Also consider adding and tracking interim outcomes to ensure the model for implementation is uniform.

Project ID# NEW: Vulnerability Framework and Rapid Access Care Planning

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	3	3	3	9

OHA review: Project addresses all required relevance criteria and elevates a portion of the SHCN FBDE population based on additional at-risk factors into a vulnerability group for this additional support. Combining clinical risk, social risks, access and coordination risks into an algorithm for understanding unique vulnerabilities is truly innovative. Overall, a strong project for tracking health that could only be improved with more detail on measurable interim health monitoring.

OHA recommendations: Consider breaking down monitoring activity 2.2 into separate tracking for specific activities to better understand effectiveness of intervention and ensure that interim monitoring of health improvement can lead to the longer-range goals and better support project success. Examples include attendance at scheduled medical appointments, improvement of specific health variables like A1C, depression, medication refills and medication reconciliation. Consider more clarity in measurement on specific types of interventions, such as tracking pharmacy interventions or SDOH interventions. Additional measurement clarity will better support identification of what is most effective and if members are staying on track to meet the longer-range goals.

Project ID# 420: Pediatric Asthma

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	2	2	7

OHA review: Project addresses all required relevance criteria. Details included REALD in aggregate analysis with plans to incorporate as part of the project strategy. However, details for the SOGI data plan were lacking. For example, staff with the right skillset to apply SOGI data are called out, but no plan is included for how that will happen.

OHA recommendations: Given the CCO was not able to fully implement all three MEPP related projects due to resource constraints, consider validating resources that will be used to support these projects and adjusting targets accordingly. This could help prevent a continual cycle of great planning, lack of full execution, and constantly adjusting expectations. Additionally, consider whether the target to fully remediate a disparity across populations is feasible when the baseline is still to be determined.

Project ID# NEW: Diabetes management

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	2	2	7

OHA review: Project addresses all required relevance criteria. However, the project is lacking in detail and feasibility. It does not reference SOGI data or a plan to incorporate it in the future. Across the MEPP projects, the CCO has failed to fully implement due to resource constraints. While the CCO noted contingency plans if future resources are once again constrained, if targets are again not met, CCO will need to reevaluate the strategy and targets for this program to ensure there is forward movement toward improving outcomes for the program’s priority population. Note that the graphic on pg. 75 had illegible characters instead of intended descriptors (this did not impact score).

OHA recommendations: Given the CCO was not able to fully implement all three MEPP-related projects due to resource constraints, consider validating resources that will be used to support these projects and adjusting targets accordingly. This could help prevent a continual cycle of great planning, lack of full execution, and constantly adjusting expectations.

Project ID# NEW: SUD services in the Emergency Department

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	2	2	7

OHA review: Project addresses all required relevance criteria, and provided robust population reporting and useful contextual statistics from the partner provider. However, the project is lacking in detail and feasibility. It does not reference SOGI data or a plan to incorporate it in the future. Several quality measures have significant increases for target improvements to benchmark improvements, which may not be realistic. For example, monitoring measure 1.2 has a target improvement of 4.15 percentage points followed by a benchmark improvement of an additional 15.7 percentage points. Note that the graphic on pg. 81 had illegible characters instead of intended descriptors (this did not impact score).

OHA recommendations: Given the CCO was not able to fully implement all three MEPP-related projects due to resource constraints, consider validating resources that will be used to support these projects and adjusting targets accordingly. This could help prevent a continual cycle of great planning, lack of full execution, and constantly adjusting expectations. Consider reducing benchmark improvements to more feasible increases.